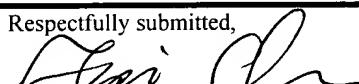


Express Mail Mailing Label No. EV668187937US

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Attorney Docket Number MRK-003
In re Application of Cardy <i>et al.</i>		
Application Serial No. 08/737,457		
Filed: March 12, 1997		
Group Art Unit: 1644		Examiner: Ewoldt, Gerald R.
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p>		
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$
<input type="checkbox"/>	Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$.	
<input checked="" type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 50-1721. Enclosed is a duplicate of this sheet.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-1721.	
<input checked="" type="checkbox"/>	Return receipt postcard enclosed.	
I am the	<input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).	
Registration number if acting under 37 CFR 1.34(a). _____.		
<b>CORRESPONDENCE ADDRESS</b>	<b>SIGNATURE BLOCK</b>	
Direct all correspondence to: Patent Administrator Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175	Respectfully submitted,  Fang Chen, Ph.D. Agent for Applicant(s) Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808	

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09/29/2005 MAHMED1 00000014 08737457

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09-27-05

JW 164414  
AF

Express Mail Mailing Label No. EV668187937US



# TRANSMITTAL FORM

Application Serial Number	08/737,457
Filing Date	March 12, 1997
First Named Inventor	Cardy
Group Art Unit	1644
Examiner Name	Ewoldt, Gerald R.
Attorney Docket No.	MRK-003
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

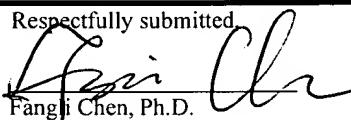
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application  <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Amendment/Response  <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ___]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry  <input checked="" type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission  <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy  <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Certificate of Correction  <input type="checkbox"/> Certificate of Correction (in duplicate)	

## CORRESPONDENCE ADDRESS

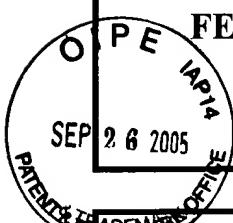
Direct all correspondence to: Patent Administrator  
Kirkpatrick & Lockhart Nicholson  
Graham LLP  
75 State Street  
Boston, MA 02109-1808  
Tel. No.: (617) 261-3100  
Fax No.: (617) 261-3175

## SIGNATURE BLOCK

Date: September 26, 2005  
Reg. No. 51,551  
Tel. No.: (617) 261-3198  
Fax No.: (617) 261-3175

Respectfully submitted  
  
 Fangji Chen, Ph.D.  
 Agent for Applicants  
 Kirkpatrick & Lockhart Nicholson  
 Graham LLP  
 75 State Street  
 Boston, MA 02109-1808

**FEE TRANSMITTAL**  
FY 2005



Complete if Known	
Application Serial Number	08/737,457
Filing Date	March 12, 1997
First Named Inventor	Cardy
Group Art Unit	1644
Examiner Name	Ewoldt, Gerald r.
Attorney Docket No.	MRK-003

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES Large Entity      Small Entity Fee (\$)      Fee (\$)      Fee Description      Fee Paid			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		130      65      Surcharge - late filing fee or oath 50      25      Surcharge - late provisional filing fee or cover sheet 130      130      Non-English specification 2,520      2,520      Request for ex parte reexamination 120      60      Extension for reply within first month 450      225      Extension for reply within second month 1020      510      Extension for reply within third month 1590      795      Extension for reply within fourth month 2160      1080      Extension for reply within fifth month 500      250      Notice of Appeal 500      250      Filing a brief in support of an appeal 1000      500      Request for oral hearing 400      400      Petitions to the Commissioner (Gp. I) 200      200      Petitions to the Commissioner (Gp. II) 130      130      Petitions to the Commissioner (Gp. III) 180      180      Submission of Information Disclosure Statement 790      395      Filing a submission after final rejection (37 CFR 1.129(a)) 790      395      For each additional invention to be examined (37 CFR 1.129(b)) 100      100      Certificate of Correction for applicant's error 130      65      Submission of Terminal Disclaimer Other fee (Specify) Other fee (Specify)			
3. <input type="checkbox"/> Applicant claims small entity status.					
FEE CALCULATION					
1. FILING/SEARCH/EXAM/SIZE FEES					
Large Entity Fee (\$)      Fee Description      Fee Paid					
300	Utility filing fee				
500	Utility search fee				
200	Utility exam fee				
250	Utility size fee (each add'l 50 pgs. over 100)				
200	Design filing fee				
100	Design search fee				
130	Design exam fee				
250	Design size fee (each add'l 50 pgs. over 100)				
Number      Number      Rate      Amount Filed      Extra					
Total Claims	- 20 =	x \$ 50.00 =			
Independent Claims	- 3 =	x \$200.00 =			
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$360.00 =			
TOTAL:					
SMALL ENTITY DISCOUNT:					
SUBTOTAL (1)      (\$ )      0.00					
2. AMENDMENT CLAIM FEES					
Claims      Highest No.      Present      Rate      Fee Paid Remaining      Previously      Extra After Amend.      Paid For					
Total	=0	x \$ 50.00 =			
Indep.	=0	x \$ 200.00 =			
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$ 360.00 =			
TOTAL:      (\$ )					
SMALL ENTITY DISCOUNT:      (\$ )					
SUBTOTAL (2)      (\$ ) 0.00					
CORRESPONDENCE ADDRESS					
Direct all correspondence to:			SIGNATURE BLOCK		
Patent Administrator Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175			Respectfully submitted  Fangli Chen, Ph.D. Agent for the Applicants Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808		